					PAGE	
IRC FORM 5		U.S. NU	ICLEAR REGULATORY COMMISSION	APPROVED BY OMB NO.3150-0006	EXPIR	ES: MM/DD/YYYY
OCCUPATIONAL DOSE RECORD FOR A MONITORING PERIOD				Estimated burden per response to comply with this mandatory collection request: 20 minutes. This information is used to ensure that doses to individual do not exceed regulatory limits. This information is required to record/annually report individual occupational exposure to radiation to ensure that the exposure does not exceed regulatory limits. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0006), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.		
. NAME (LAST, FIRST, MIDDLE INITIAL)			2. IDENTIFICATION NUMBER	3. ID TYPE	☐ MALE ☐ FEMALE	5. DATE OF BIRTH (MM/DD/YYYY)
. MONITORING PERIOD (MM/DD/YYYY - MM/DD/YYYY) 7. LIC		7. LICENSEE NAME		8. LICENSE NUMBER(S)	9A. RECORD ESTIMATE	9B. ROUTINE PSE
INTAKES						
10A. RADIONUCLIDE	10B. CLASS	10C. MODE	DE 10D. INTAKE IN μCi	DOSES (in rem)		
				DEEP DOSE EQUIVALENT	(DDE)	11.
				LENS (EYE) DOSE EQUIVALENT	(LDE)	12.
				SHALLOW DOSE EQUIVALENT, WHOLE BODY	(SDE,WB)	13.
				SHALLOW DOSE EQUIVALENT, MAX EXTREMITY	(SDE,ME)	14.
				COMMITTED EFFECTIVE DOSE EQUIVALENT	(CEDE)	15.
				COMMITTED DOSE EQUIVALENT, MAXIMALLY EXPOSED ORGAN	(CDE)	16.
				TOTAL EFFECTIVE DOSE EQUIVALE (ADD BLOCKS 11		17.
				TOTAL ORGAN DOSE EQUIVALENT MAX ORGAN (ADD BLOCKS 11		18.
				19. COMMENTS		
0. SIGNATURE - LICENSEE					21. DATE PREPARED	